

**Information Paper: Implementation of the
Temporary Reserve Health Care Program**

Temporary Reserve Health Care Program

KEY POINTS:

- The provisions of the Temporary Reserve Health Care Program enhance access to care for our Reserve Component (RC) Service members and their families and ultimately, improve our readiness as a fighting force.
- By law, Section 702 will be effective upon implementation of an enrollment process and other administrative actions. Members will be eligible to enroll themselves and their family members at that time. This benefit will be available for persons not eligible for employer-provided coverage, or who are eligible unemployment compensation recipients. We are in the process of recording and collecting health care data to determine the appropriate premium rate for coverage for those RC members and their families eligible for premium-based TRICARE coverage. We will build on existing mechanisms for determining eligibility, enrolling members in TRICARE and delivering health care services.
- Under Sections 703 and 704, some RC sponsors and family members may be eligible for reimbursement of health care costs incurred before the temporary program is implemented. For this reason, the Department of Defense encourages families whose sponsors are deployed in support of a contingency operation to save their health care receipts, claims and the explanation of benefits forms for dates of service from Nov. 6, 2003.
- By law, the total cost of expenditures for implementing sections 702, 703 and 704 is limited to \$400 million. We are establishing mechanisms to accurately track and account for all expenditures to ensure that the Department is in compliance with the law.
- Personnel and Readiness will ask the Services to identify by mid-January 2004, individuals who will serve as full-time RC Beneficiary Counseling and Assistance Coordinators (BCACs) in each of the 11 TRICARE regional offices. The RC BCACs will attend the TRICARE Fundamentals Course to gain an understanding of the unique challenges faced by RC families and will serve as advocates and problem solvers for RC sponsors and family members needing assistance understanding their health care options or using the TRICARE benefit.

BACKGROUND:

The recently enacted Emergency Supplemental Appropriations Act and the National Defense Authorization Act for Fiscal Year 2004 authorized temporary health care benefits and TRICARE eligibility for RC sponsors and family members. Several of the new benefits are effective Nov. 6, 2003 through Dec. 31, 2004, whereas others require implementing procedures and systems before they become available. Total expenditures during Fiscal Year 2004 may not exceed the \$400 million specified by Congress for these programs.

Information Paper: Implementation of the Temporary Reserve Health Care Program

KEY PROVISIONS UNDER THE NEW LEGISLATION INCLUDE:

Section 701: Medical and Dental Screening and Care for Members of Ready Reserve Alerted for Mobilization

- Authorizes medical and dental screening and care in advance of mobilization.
- Guidance will be issued from OSD to Service Secretaries, alerting them to new provisions and providing implementing instructions.
- Members of Ready Reserve will be notified of eligibility for medical/dental screening coincident with notification of impending activation.
- There will be no charge to the member for any screening or care provided.

Section 702: Coverage for Ready Reserve Members under TRICARE

- This section introduces premium-based TRICARE coverage for persons not eligible for employer-provided coverage, or who are eligible unemployment compensation recipients.
- To speed implementation, we plan to build on existing TRICARE mechanisms:
 - Using the TRICARE regional contractors to determine eligibility and collect premiums.
 - Defense Enrollment Eligibility Reporting System (DEERS) to record eligibility.
 - TRICARE regional contractors to educate and enroll beneficiaries in TRICARE options.
 - Military facilities and civilian network providers to deliver health care services.
 - TRICARE regional contractors to process health care claims.
 - Coverage would be effective when the member enrolls and pays premium.Implementation timeline will be determined based on time needed to modify contracts and systems and establish implementing rules and procedures.

Section 703: Earlier Eligibility Date for TRICARE Benefits for Members of Reserve Components

- This section makes TRICARE coverage effective on the date a reservist received a delayed-effective-date order for activation.
- Guidance will be issued from OSD to Service Secretaries, alerting them to new provisions and providing implementing instructions.
- Upon issuance of a delayed-effective-date order, Service will transmit eligibility records to DEERS, and Regional TRICARE contractor will initiate education and enrollment activities for affected individuals – Service member and family.
- We will rely on established practice and procedure to extent practicable – but will need to modify DEERS to record eligibility and track expenditures for this benefit. Coverage is effective with issuance of qualifying orders after November 6. Changes to DEERS will need to be implemented.

Section 704: Temporary Extension of Transitional Health Care Benefits

- This section changes the period for receipt of transitional health care benefits from 60 or 120 days to 180 days for eligible beneficiaries.

Information Paper: Implementation of the Temporary Reserve Health Care Program

- Guidance will be issued from OSD to Service Secretaries, alerting them to new provisions and providing implementing instructions.
- DEERS will be modified to reflect extended transitional health care benefit.
- The extension to 180 days is applicable to all persons eligible for the transitional benefit – this includes reservists being deactivated after contingency call-up, other involuntary separations, and separations following retention in support of contingency mission.
- Extensions are effective for persons deactivated/separated on or after November 6, and are to be implemented as soon as DEERS can be modified.
- While DEERS modifications are being made, members and their dependents will already be receiving these benefits under their previous 60 or 120 day benefit.

Section 705: Assessment of Health Care Needs of Reserves

This section requires GAO to conduct a comprehensive assessment of the health care needs of reservists, incorporating information about the benefits included in the FY 2004 National Defense Authorization Act, and to report to Congress by May 1, 2004.

Section 706: Limitation on FY 2004 Outlays for Temporary Reserve Health Care Programs

- This section prescribes a limitation of \$400 million on FY 2004 outlays for the benefits authorized in sections 702, 703, and 704.
- Adherence to this limitation will entail careful tracking of outlays as they occur.
- DoD will adhere to the \$400 million limitation in FY 2004 to avoid an Anti-Deficiency Act violation

Section 707: TRICARE Beneficiary Counseling and Assistance Coordinators for Reserve Component Beneficiaries

- Reserve components will appoint beneficiary counseling and assistance coordinators to support reserve component members. Policy guidance to Services will be issued shortly.
- This support will be part of an information campaign to inform affected members and families about the new provisions and how to use their benefits.
- The transition to new TRICARE regions will enhance support for reserve component members.

Section 708: Eligibility of Reserve Officers for Health Care Pending Orders to Active Duty Following Commissioning

- This section makes newly commissioned officers eligible for health care, pending orders to active duty, if the officer lacks other health coverage.
- Guidance will be issued to Services to implement this new provision.
- Individuals needing this coverage can be handled on a case-by-case basis.

STRATEGY:

Information Paper: Implementation of the Temporary Reserve Health Care Program

- Phase I— Provide **awareness** of the Temporary Reserve Health Care Program and plans for implementation.
- Phase II— Provide **guidance** on policy, benefit, and eligibility.
- Phase III— Provide **implementation** date and guidance for both claims processing and BCAC assistance.
- Phase IV— Measure **success of communications outreach** through media, beneficiary and congressional inquires.

FOR MORE INFORMATION:

Start dates for each portion of the pilot program will be available online via the TRICARE Management Activity (TMA) Web site at www.tricare.osd.mil and the Reserve Affairs Web site at www.defenselink.mil/ra. TMA will also post news releases, frequently asked questions (FAQs) and updated fact sheets online and distribute public affairs guidance to provide timely information on the pilot program to all Reserve Component members and their families.